

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: FM
APPLICATION YEAR: 2006

- [FORM 1 - SF424](#)
- [FORM 2 - MCH BUDGET DETAILS](#)
- [FORM 3 - STATE MCH FUNDING PROFILE](#)
- [FORM 4 - BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED AND SOURCES OF FEDERAL FUNDS](#)
- [FORM 5 - STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES](#)
- [FORM 6 - NUMBER AND PERCENTAGE OF NEWBORN AND OTHERS SCREENED, CASE CONFIRMED, AND TREATED](#)
- [FORM 7 - NUMBER OF INDIVIDUALS SERVED \(UNDUPLICATED\) UNDER TITLE V](#)
- [FORM 8 - DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX](#)
- [FORM 9 - STATE MCH TOLL-FREE TELEPHONE LINE DATA](#)
- [FORM 10 - TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2004](#)
- [FORM 11 - NATIONAL AND STATE PERFORMANCE MEASURES](#)
- [FORM 12 - NATIONAL AND STATE OUTCOME MEASURES](#)
- [FORM 13 - CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS](#)
- [FORM 14 - LIST OF MCH PRIORITY NEEDS](#)
- [FORM 15 - TECHNICAL ASSISTANCE \(TA\) REQUEST AND TRACKING](#)
- [FORM 16 - STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEETS](#)
- [FORM 17 - HEALTH SYSTEM CAPACITY INDICATORS \(01 THROUGH 04,07,08\) - MULTI-YEAR DATA](#)
- [FORM 18](#)
 - [MEDICAID AND NON-MEDICAID COMPARISON](#)
 - [MEDICAID ELIGIBILITY LEVEL \(HSCI 06\)](#)
 - [SCHIP ELIGIBILITY LEVEL \(HSCI 06\)](#)
- [FORM 19](#)
 - [GENERAL MCH DATA CAPACITY \(HSCI 09A\)](#)
 - [ADOLESCENT TOBACCO USE DATA CAPACITY \(HSCI 09B\)](#)
 - [OVERWEIGHT AND OBESITY DATA CAPACITY \(HSCI 09C\)](#)
- [FORM 20 - HEALTH STATUS INDICATORS 01-05 - MULTI-YEAR DATA](#)
- [FORM 21](#)
 - [POPULATION DEMOGRAPHICS DATA \(HSI 06\)](#)
 - [LIVE BIRTH DEMOGRAPHICS DATA \(HSI 07\)](#)
 - [INFANT AND CHILDREN MORTALITY DATA \(HSI 08\)](#)
 - [MISCELLANEOUS DEMOGRAPHICS DATA \(HSI 09\)](#)
 - [GEOGRAPHIC LIVING AREA DEMOGRAPHIC DATA \(HSI 10\)](#)
 - [POVERTY LEVEL DEMOGRAPHIC DATA \(HSI 11\)](#)
 - [POVERTY LEVEL FOR CHILDREN DEMOGRAPHICS DATA \(HSI 12\)](#)
- [NEW STATE PERFORMANCE AND OUTCOME MEASURES FOR NEW NEEDS ASSESSMENT PERIOD](#)

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/14/2005	APPLICANT IDENTIFIER 98B1FMMCHS
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER DUNS 12-276-0762
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER
5. APPLICANT INFORMATION			
Legal Name: The Federated States of Micronesia		Organizational Unit: Division of Health Services, Dept. of HESA	
Address (give city, county, state and zip code) P.O. Box PS 70 Palikir, Pohnpei, FM 96941 County: FSM		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Mr. Nena S. Nena, Secretary, FSM Dept. of HESA Tel Number: (691) 320-2619	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div></div>		7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">9</div><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">3</div><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">9</div><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">9</div><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">4</div></div> TITLE: Maternal and Child Health Services Block Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Improve health status of MCH Population in the FSM	
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): 4 FSM States & Outer Is.			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 10/01/2005	Ending Date: 09/30/2006	a. Applicant FSM	b. Project MCH Block Grant
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <u>596,065.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ <u>0.00</u>		
c. State	\$ <u>578,063.00</u>		
d. Local	\$ <u>0.00</u>		
e. Other	\$ <u>0.00</u>		
f. Program Income	\$ <u>0.00</u>		
g. TOTAL	\$ <u>1,174,128.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Mr. Nena S. Nena		b. Title Secretary, HESA	c. Telephone Number (691) 320-2619
d. Signature of Authorized Representative		e. Date Signed	

FORM 2
MCH BUDGET DETAILS FOR FY 2006

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: FM

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 596,065

A.Preventive and primary care for children:

\$ 179,137 (30.05%)

B.Children with special health care needs:

\$ 186,998 (31.37%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 46,725 (7.84%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 578,063

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 440,000

\$ 578,063

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 1,174,128

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 100,000

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other:

\$

\$

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 100,000

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 1,274,128

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: FM

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 657,618	\$ 559,930	\$ 592,399	\$ 0	\$ 596,065	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 661,053	\$ 661,053	\$ 625,000	\$ 0	\$ 578,063	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 1,318,671	\$ 1,220,983	\$ 1,217,399	\$ 0	\$ 1,174,128	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 100,000	\$ 100,000	\$ 100,000	\$ 0	\$ 100,000	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 1,418,671	\$ 1,320,983	\$ 1,317,399	\$ 0	\$ 1,274,128	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: FM

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$ 563,211	\$ 435,075	\$ 573,106	\$ 565,941	\$ 576,291	\$ 564,229
2. Unobligated Balance (Line2, Form 2)	\$ 27,378	\$ 27,378	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds (Line3, Form 2)	\$ 578,063	\$ 578,063	\$ 578,063	\$ 578,063	\$ 578,063	\$ 578,063
4. Local MCH Funds (Line4, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds (Line5, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income (Line6, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal (Line8, Form 2)	\$ 1,168,652	\$ 1,040,516	\$ 1,151,169	\$ 1,144,004	\$ 1,154,354	\$ 1,142,292
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds (Line10, Form 2)	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000
9. Total (Line11, Form 2)	\$ 1,268,652	\$ 1,140,516	\$ 1,251,169	\$ 1,244,004	\$ 1,254,354	\$ 1,242,292
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1.

Section Number: Main

Field Name: FedAllocExpended

Row Name: Federal Allocation

Column Name: Expended

Year: 2004

Field Note:

The expended amount based on the funds actually received. The budgeted amount is what we requested and was not approved. The total amount that was approved for FY-04 is \$559,930 based on the Notice of Grant Award.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: FM

	FY 2004		FY 2005		FY 2006	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 215,935	\$ 210,777	\$ 208,700	\$ 0	\$ 210,150	\$ 0
b. Infants < 1 year old	\$ 169,925	\$ 155,258	\$ 150,925	\$ 0	\$ 175,155	\$ 0
c. Children 1 to 22 years old	\$ 287,858	\$ 260,595	\$ 235,482	\$ 0	\$ 270,370	\$ 0
d. Children with Special Healthcare Needs	\$ 298,777	\$ 273,763	\$ 306,270	\$ 0	\$ 295,275	\$ 0
e. Others	\$ 209,845	\$ 205,247	\$ 185,500	\$ 0	\$ 113,159	\$ 0
f. Administration	\$ 136,331	\$ 115,343	\$ 130,522	\$ 0	\$ 110,019	\$ 0
g. SUBTOTAL	\$ 1,318,671	\$ 1,220,983	\$ 1,217,399	\$ 0	\$ 1,174,128	\$ 0

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
III. SUBTOTAL	\$ 100,000		\$ 100,000		\$ 100,000	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: FM

	FY 2001		FY 2002		FY 2003	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 199,839	\$ 177,928	\$ 195,699	\$ 194,399	\$ 197,295	\$ 196,992
b. Infants < 1 year old	\$ 151,925	\$ 135,267	\$ 149,652	\$ 147,833	\$ 150,406	\$ 146,275
c. Children 1 to 22 years old	\$ 257,104	\$ 228,914	\$ 253,257	\$ 252,657	\$ 255,358	\$ 240,250
d. Children with Special Healthcare Needs	\$ 260,609	\$ 232,036	\$ 264,769	\$ 261,485	\$ 265,021	\$ 260,950
e. Others	\$ 177,635	\$ 158,158	\$ 172,675	\$ 172,130	\$ 173,162	\$ 177,575
f. Administration	\$ 121,540	\$ 108,213	\$ 115,117	\$ 115,500	\$ 113,112	\$ 120,250
g. SUBTOTAL	\$ 1,168,652	\$ 1,040,516	\$ 1,151,169	\$ 1,144,004	\$ 1,154,354	\$ 1,142,292

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 100,000	\$ 100,000	\$ 100,000
c. CISS	\$ 0	\$ 0	\$ 0
d. Abstinence Education	\$ 0	\$ 0	\$ 0
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 0	\$ 0	\$ 0
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 0	\$ 0	\$ 0
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
III. SUBTOTAL	\$ 100,000	\$ 100,000	\$ 100,000

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2004
Field Note:
The defferences under the expended column due to a new management.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: FM

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 547,496	\$ 497,432	\$ 490,800	\$ 0	\$ 495,952	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 269,675	\$ 250,525	\$ 202,250	\$ 0	\$ 205,575	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 355,365	\$ 333,750	\$ 403,769	\$ 0	\$ 323,555	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 146,135	\$ 139,276	\$ 120,580	\$ 0	\$ 149,046	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 1,318,671	\$ 1,220,983	\$ 1,217,399	\$ 0	\$ 1,174,128	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: FM

TYPE OF SERVICE	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 502,070	\$ 390,506	\$ 495,003	\$ 492,695	\$ 497,003	\$ 475,950
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 211,216	\$ 210,316	\$ 207,210	\$ 206,545	\$ 207,210	\$ 198,510
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 333,934	\$ 318,829	\$ 333,839	\$ 330,899	\$ 334,839	\$ 357,557
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 121,432	\$ 120,865	\$ 115,117	\$ 113,865	\$ 115,302	\$ 110,275
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 1,168,652	\$ 1,040,516	\$ 1,151,169	\$ 1,144,004	\$ 1,154,354	\$ 1,142,292

FORM NOTES FOR FORM 5
None
FIELD LEVEL NOTES
None

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: FM						
Total Births by Occurrence: 2,415				Reporting Year: 2004		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria						
Congenital Hypothyroidism						
Galactosemia						
Sickle Cell Disease						
Other Screening (Specify)						
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

These tests are still not routinely provided at the hospitals in the FSM. The numbers here are only "dummy" variables.

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: Phenylketonuria_OneScreenNo
Row Name: Phenylketonuria
Column Name: Receiving at least one screen
Year: 2006
Field Note:
Not applicable to FSM due to lack of facility capacity to do the test
2. **Section Number:** Main
Field Name: Congenital_OneScreenNo
Row Name: Congenital
Column Name: Receiving at least one screen
Year: 2006
Field Note:
Not applicable to FSM due to lack of facility capacity to do the test. The numbers here are only "dummy" variables.
3. **Section Number:** Main
Field Name: Galactosemia_OneScreenNo
Row Name: Galactosemia
Column Name: Receiving at least one screen
Year: 2006
Field Note:
Not applicable to FSM due to lack of facility capacity to do the test. The numbers here are only "dummy" variables.
4. **Section Number:** Main
Field Name: SickleCellDisease_OneScreenNo
Row Name: SickleCellDisease
Column Name: Receiving at least one screen
Year: 2006
Field Note:
Not applicable to FSM due to lack of facility capacity to do the test. The numbers here are only "dummy" variables.
5. **Section Number:** Main
Field Name: Phenylketonuria_Presumptive
Row Name: Phenylketonuria
Column Name: Presumptive positive screens
Year: 2006
Field Note:
Not Applicable in the FSM
6. **Section Number:** Main
Field Name: Congenital_Presumptive
Row Name: Congenital
Column Name: Presumptive positive screens
Year: 2006
Field Note:
Not applicable to FSM due to lack of facility capacity to do the test. The numbers here are only "dummy" variables.
7. **Section Number:** Main
Field Name: Galactosemia_Presumptive
Row Name: Galactosemia
Column Name: Presumptive positive screens
Year: 2006
Field Note:
Not applicable to FSM due to lack of facility capacity to do the test. The numbers here are only "dummy" variables.
8. **Section Number:** Main
Field Name: SickleCellDisease_Presumptive
Row Name: SickleCellDisease
Column Name: Presumptive positive screens
Year: 2006
Field Note:
Not applicable to FSM due to lack of facility capacity to do the test. The numbers here are only "dummy" variables.
9. **Section Number:** Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2006
Field Note:
Not Applicable in the FSM
10. **Section Number:** Main
Field Name: Congenital_Confirmed
Row Name: Congenital
Column Name: Confirmed Cases
Year: 2006
Field Note:
Not applicable to FSM due to lack of facility capacity to do the test. The numbers here are only "dummy" variables.
11. **Section Number:** Main
Field Name: Galactosemia_Confirmed
Row Name: Galactosemia
Column Name: Confirmed Cases
Year: 2006
Field Note:
Not applicable to FSM due to lack of facility capacity to do the test. The numbers here are only "dummy" variables.
12. **Section Number:** Main
Field Name: SickleCellDisease_Confirmed
Row Name: SickleCellDisease

Column Name: Confirmed Cases

Year: 2006

Field Note:

Not Applicable in the FSM

13. **Section Number:** Main

Field Name: Phenylketonuria_TreatmentNo

Row Name: Phenylketonuria

Column Name: Needing treatment that received treatment

Year: 2006

Field Note:

Not applicable to FSM due to lack of facility capacity to do the test. The numbers here are only "dummy" variables.

14. **Section Number:** Main

Field Name: Congenital_TreatmentNo

Row Name: Congenital

Column Name: Needing treatment that received treatment

Year: 2006

Field Note:

Not applicable to FSM due to lack of facility capacity to do the test. The numbers here are only "dummy" variables.

15. **Section Number:** Main

Field Name: Galactosemia_TreatmentNo

Row Name: Galactosemia

Column Name: Needing treatment that received treatment

Year: 2006

Field Note:

Not applicable to FSM due to lack of facility capacity to do the test. The numbers here are only "dummy" variables.

16. **Section Number:** Main

Field Name: SickleCellDisease_TreatmentNo

Row Name: SickleCellDisease

Column Name: Needing treatment that received treatment

Year: 2006

Field Note:

Not applicable to FSM due to lack of facility capacity to do the test. The numbers here are only "dummy" variables.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: FM

Reporting Year: 2004

	TITLE V		PRIMARY SOURCES OF COVERAGE			
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	2,244				100.0	
Infants < 1 year old	2,415				100.0	
Children 1 to 22 years old	55,469				100.0	
Children with Special Healthcare Needs	962				100.0	
Others	1				100.0	
TOTAL	61,091					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1.

Section Number:

Main

Field Name:

PregWomen_XIX

Row Name:

Pregnant Women

Column Name:

Title XIX %

Year:

2006

Field Note:

Not applicable to FSM
2.

Section Number:

Main

Field Name:

PregWomen_XXI

Row Name:

Pregnant Women

Column Name:

Title XXI %

Year:

2006

Field Note:

Not applicable to FSM.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: FM

Reporting Year: 2004

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	2,415					2,415		
Title V Served	2,415					2,415		
Eligible for Title XIX	0							
INFANTS								
Total Infants in State	2,415					2,415		
Title V Served	2,415					2,415		
Eligible for Title XIX	0							

II. UNDUPLICATED COUNT BY ETHNICITY

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	HISPANIC OR LATINO (Sub-categories by country or area of origin)				
				(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	2,415							
Title V Served	2,415							
Eligible for Title XIX								
INFANTS								
Total Infants in State	2,415							
Title V Served	2,415							
Eligible for Title XIX								

FORM NOTES FOR FORM 8

FSM is not eligible for Title XIX.

FIELD LEVEL NOTES

1. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_All
Row Name: Total Deliveries in State
Column Name: Total All Races
Year: 2006
Field Note:
There are no Hispanics or Latinos in the FSM.
2. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2006
Field Note:
FSM is not eligible for Title XIX.
3. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Hawaiian
Row Name: Eligible for Title XIX
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2006
Field Note:
Not applicable to FSM.
4. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2006
Field Note:
FSM is not eligible.
5. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Hawaiian
Row Name: Eligible for Title XIX
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2006
Field Note:
Not applicable to FSM.
6. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalNotHispanic
Row Name: Total Deliveries in State
Column Name: Total Not Hispanic or Latino
Year: 2006
Field Note:
At this time, there are no Hispanics and Lationos in the FSM.
7. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2006
Field Note:
At this time, there are no Hispanics and Lationos in the FSM.
8. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2006
Field Note:
FSM is not eligible.
9. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalNotHispanic
Row Name: Total Infants in State
Column Name: Total Not Hispanic or Latino
Year: 2006
Field Note:
At this time, there are no Hispanics and Lationos in the FSM.
10. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2006
Field Note:
At this time, there are no Hispanics and Lationos in the FSM.
11. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2006
Field Note:
FSM is not eligible for Title XIX.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: FM

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number	_____	_____ 0,000,000,000	_____ 0,000,000,000	_____	_____
2. State MCH Toll-Free "Hotline" Name	_____	No Name	No Name	_____	_____
3. Name of Contact Person for State MCH "Hotline"	_____ Mr. Dionis Saimon	_____ Mr. Marcus Samo, MPH	_____ Mr. Marcus Samo, MPH	_____	_____
4. Contact Person's Telephone Number	_____ 691-320-2619	_____ 691-320-2619	_____ 691-320-2619	_____	_____
5. Number of calls received on the State MCH "Hotline" this reporting period	_____ 0	_____	_____ 0	_____ 0	_____ 0

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: FM

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number	_____	_____	_____	_____	_____
2. State MCH Toll-Free "Hotline" Name	_____	_____	_____	_____	_____
3. Name of Contact Person for State MCH "Hotline"	_____	_____	_____	_____	_____
4. Contact Person's Telephone Number	_____	_____	_____	_____	_____
5. Number of calls received on the State MCH "Hotline" this reporting period	_____ 0	_____ 0	_____ 0	_____ 0	_____ 0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: hnumber_2
Row Name: State MCH toll-free hotline telephone number
Column Name: FY
Year: 2004
Field Note:
Not applicable
2. **Section Number:** Main
Field Name: hnumber_2
Row Name: State MCH toll-free hotline telephone number
Column Name: FY
Year: 2006
Field Note:
Not available.
3. **Section Number:** Main
Field Name: hname_2
Row Name: State MCH toll-free hotline name
Column Name: FY
Year: 2004
Field Note:
Not applicable
4. **Section Number:** Main
Field Name: hname_2
Row Name: State MCH toll-free hotline name
Column Name: FY
Year: 2006
Field Note:
Not available.
5. **Section Number:** Main
Field Name: cname_2
Row Name: Name of contact person for state MCH hotline
Column Name: FY
Year: 2004
Field Note:
There is no hotline. This person is the coordinator of the program at the FSM National Government.
6. **Section Number:** Main
Field Name: cnumber_2
Row Name: Contact Person's telephone number
Column Name: FY
Year: 2004
Field Note:
This is the contact number for the Program Coordinator. Each of the FSM State MCH Program Coordinators have their own contact numbers as well.
7. **Section Number:** Main
Field Name: calls_2
Row Name: Number of calls received On the State MCH Hotline This reporting period
Column Name: FY
Year: 2004
Field Note:
Not available.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2006
[SEC. 506(A)(1)]
STATE: FM

1. State MCH Administration:
(max 2500 characters)

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 596,065
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 578,063
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 1,174,128

9. Most significant providers receiving MCH funds:

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	2,244
b. Infants < 1 year old	2,415
c. Children 1 to 22 years old	55,469
d. CSHCN	962
e. Others	1

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

b. Population-Based Services:
(max 2500 characters)

c. Infrastructure Building Services:
(max 2500 characters)

12. The primary Title V Program contact person:

Name	Mr. Dionis E. Saimon
Title	FSM MCH Coordinator
Address	P.O. Box PS 70
City	Palikir, Pohnpei
State	FM
Zip	96941
Phone	(691) 320-2619
Fax	(691) 320-5263
Email	fsmmch@mail.fm
Web	

13. The children with special health care needs (CSHCN) contact person:

Name	Same
Title	Same
Address	Same
City	Same
State	Same
Zip	96941
Phone	(691) 320-2619
Fax	(691) 320-5263
Email	fsmmch@mail.fm
Web	

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: FM

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator	100.0	100.0	100.0	100.0	NaN
Numerator	1	1	1	1	0
Denominator	1	1	1	1	0
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	5	0
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective				70	80
Annual Indicator	100.0	100.0	100.0	0.0	62.0
Numerator	1	1	150	0	173
Denominator	1	1	150	807	279
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	20	22	25	28	29
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				70	70
Annual Indicator	100.0	100.0	100.0	0.0	57.0
Numerator	1	1	1	0	57
Denominator	1	1	1	807	100
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	60	70	80	80	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				50	15
Annual Indicator	100.0	100.0	100.0	11.2	20.1
Numerator	1	1	1	90	56
Denominator	1	1	1	807	279
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	22	25	30	35	40
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				50	50
Annual Indicator	100.0	100.0	100.0	100.0	14.0
Numerator	1	1	1	1	38
Denominator	1	1	1	1	272
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	30	35	40	45	50
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				40	40
Annual Indicator	100.0	100.0	100.0	100.0	17.0
Numerator	1	1	1	1	44
Denominator	1	1	1	1	259
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	20	25	30	35	40
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	70	73	75	77	80
Annual Indicator	58.4	62.3	71.8	93.2	42.6
Numerator	1,716	1,885	2,165	2,705	2,478
Denominator	2,938	3,028	3,015	2,902	5,821
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	50	60	70	80	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	22	22	20	20	18
Annual Indicator	26.2	27.3	26.8	19.7	30.9
Numerator	107	106	104	101	118
Denominator	4,086	3,889	3,881	5,119	3,816
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	40	50	55	60	65
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	27	30	32	34	35
Annual Indicator	55.5	42.7	44.4	54.7	59.7
Numerator	1,851	1,471	1,431	1,703	1,812
Denominator	3,337	3,442	3,221	3,112	3,036
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	65	70	75	80	85
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	6.5	6.5	6.5	6.5	6.5
Annual Indicator	4.3	4.6	2.3	6.9	6.9
Numerator	2	2	1	3	3
Denominator	46,089	43,172	43,172	43,172	43,693
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	7.5	7.5	8.5	8.5	8.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	99	99	99	99	99
Annual Indicator	100.0	99.3	97.1	85.6	60.8
Numerator	2,422	2,460	2,441	2,145	1,434
Denominator	2,423	2,478	2,515	2,506	2,360
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	70	75	80	85	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	20	20	20
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data					
	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	10	10
Annual Indicator	0.0	0.0	0.0	80.7	89.2
Numerator	0	0	0	41,483	32,306
Denominator	54,401	49,645	48,477	51,386	36,215
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	10	15	15	20	25
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 14

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

Annual Objective and Performance Data					
	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	<u>1</u>	<u>1</u>	<u>0.8</u>	<u>0.8</u>	<u>0.7</u>
Annual Indicator	<u>0.4</u>	<u>0.5</u>	<u>0.6</u>	<u>3.5</u>	<u>0.5</u>
Numerator	<u>9</u>	<u>12</u>	<u>15</u>	<u>88</u>	<u>11</u>
Denominator	<u>2,423</u>	<u>2,478</u>	<u>2,515</u>	<u>2,516</u>	<u>2,415</u>
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>0.7</u>	<u>0.7</u>	<u>0.6</u>	<u>0.6</u>	<u>0.6</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	<u>30</u>	<u>30</u>	<u>30</u>	<u>25</u>	<u>25</u>
Annual Indicator	<u>21.7</u>	<u>30.2</u>	<u>15.1</u>	<u>45.3</u>	<u>22.5</u>
Numerator	<u>3</u>	<u>4</u>	<u>2</u>	<u>6</u>	<u>3</u>
Denominator	<u>13,853</u>	<u>13,237</u>	<u>13,237</u>	<u>13,237</u>	<u>13,357</u>
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>25</u>	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1	1	1	1	1
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	15	17	19	20	22
Annual Indicator	22.7	32.1	28.7	31.1	20.1
Numerator	549	795	723	780	486
Denominator	2,423	2,478	2,515	2,506	2,415
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	23	28	30	31	32
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 1

The percent of women receiving services in the MCH Programs who receive a Pap smear.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	50	53	55	58	40
Annual Indicator	29.5	38.3	22.6	27.7	27.3
Numerator	912	1,237	558	823	790
Denominator	3,091	3,227	2,471	2,975	2,893
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	30	35	40	45	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 2

Percent of pregnant women who have been screened for Hepatitis B surface antigen.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	60	62	64	66	68
Annual Indicator	57.5	91.3	53.5	76.0	72.4
Numerator	1,593	2,409	1,347	2,055	1,624
Denominator	2,771	2,639	2,519	2,703	2,244
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	75	80	80	85	85
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 3

Percent of infants who are exclusively breast fed at 6 months of age.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	38	40	66	68	70
Annual Indicator	57.6	66.6	64.7	64.5	63.7
Numerator	539	687	668	727	1,107
Denominator	935	1,031	1,033	1,127	1,738
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	65	70	75	75	80
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 4

Percent of pregnant women who receive at least one nutrition education and counseling session (defined as covering the following topics: diet recall, importance of three meals, balanced diets, exercise) as early as possible during their pregnancy.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	97	97	97	98	98
Annual Indicator	100.0	97.1	98.8	98.3	100.0
Numerator	2,567	2,562	2,489	2,657	2,244
Denominator	2,567	2,639	2,519	2,703	2,244
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	98	98	99	99	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 5

Percent of caretakers of infants who receive education and counseling related to feeding and nutrition of infants.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	97	97	97	98	98
Annual Indicator	100.0	96.9	93.8	99.7	100.0
Numerator	1,770	2,900	2,400	2,469	2,921
Denominator	1,770	2,992	2,558	2,476	2,921
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	99	99.7	99.8	99.9	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 8

Percent pregnant women attending prenatal care who are screened for low hemoglobin.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	35	95	95	96	96
Annual Indicator	94.5	92.8	96.2	97.8	89.6
Numerator	2,618	2,448	2,423	2,480	2,011
Denominator	2,771	2,639	2,519	2,537	2,244
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	90	90	95	95	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 9

Percent infants who received at least six bottles (1 bottle/30 days) of fluoride in the first year of life

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	25	27	0	20	20
Annual Indicator	100.0	84.8	34.9	37.4	10.2
Numerator	611	1,562	525	500	224
Denominator	611	1,842	1,506	1,337	2,198
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	15	20	20	20	25
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 10

Percent of children with special needs who have a completed reevaluation by the CSN team within the last 12 months.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	20	22	64	64	65
Annual Indicator	55.0	63.9	65.1	59.4	54.0
Numerator	366	434	518	479	519
Denominator	666	679	796	807	962
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	60	65	70	70	75
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 11

FSM has not had the capability to provide screening for these conditions-- Not applicable to the FSM.

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2002
Field Note:
These types of newborn screening (phenylketonuria, congenital hypothyroidism, galactosemia, sickle cell disease) are not available in the FSM.
2. **Section Number:** Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2003
Field Note:
N.B.: This is only a dummy data. Since FSM doesn't do any of these and inserting 0 will create a non numeric number, which is not allowed by this system, entering this way was necessary. Please ignore data.
3. **Section Number:** Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2004
Field Note:
Not applicable to FSM.
4. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2002
Field Note:
FSM has not carried out a survey to determine this performance measure. It is planning to conduct a survey next year as part of the Needs Assessment and will include this and the other new Performance Measures. The number is an estimate only.
5. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2003
Field Note:
FSM has never carried out the SLAITS therefore the data are only dummy and should be ignored.
6. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2004
Field Note:
2004 CSHCN survey result; 62% (172 /279). 62% responded "yes" out of 279 family with CSHCN. 62% is the total FSM. Chuuk (20%), Kosrae (10%), Pohnpei (18%) and Yap (13%). Average FSM is equal to 15.5%.
7. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2002
Field Note:
Data not available since FSM has not carried out a survey. However, all children with special health care needs receive all their medical related services from hospitals and the public health clinics. These hospitals or public health clinics are the medical homes for the children.
8. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2003
Field Note:
FSM has never carried out the SLAITS therefore the data are only dummy and should be ignored.
9. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2004
Field Note:
100 out of 279 responded to the CSHCN survey. 57 out of 100 responded (yes). Chuuk (27%), Kosrae (8%), Pohnpei (17%) and Yap (5%). FSM average 14.25%.
10. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2003
Field Note:
Because FSM has never carried out the SLAITS, this should be ignored. However, the FSM MCH Program has just recently collected some data on health insurance recently. Therefore, this data is based on what we collected this year.
11. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2004

Field Note:

20% (56/279) of the CSHCN survey have private and or public insurance to pay for the services they need. Chuuk (5%), Kosrae (6%), Pohnpei (6%) and Yap (3%). Total FSM CSHCN family have insurance 5%.

12. Section Number: Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2003**Field Note:**

FSM has never carried out the SLAITS therefore the data are only dummy and should be ignored.

13. Section Number: Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

14. Section Number: Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2003**Field Note:**

FSM has never carried out the SLAITS therefore the data are only dummy and should be ignored.

15. Section Number: Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

16. Section Number: Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2002**Field Note:**

Not applicable.

17. Section Number: Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2004**Field Note:**

Not applicable.

18. Section Number: Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2002**Field Note:**

Not applicable

19. Section Number: Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2003**Field Note:**

Not applicable -- FSM is not eligible for Medicaid and Medicare

20. Section Number: Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2004**Field Note:**

Not applicable - FSM is not eligible for medicaid and medicare.

21. Section Number: Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2002**Field Note:**

There are no facilities for high-risk pregnancy or neonate. This is not applicable for the FSM.

22. Section Number: Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2003**Field Note:**

FSM does not have any facilities classified as high risk medical facilities.

23. Section Number: Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:**

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: FM

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	22	22	21	21	20
Annual Indicator	17.7	21.8			17.4
Numerator	43	54			42
Denominator	2,423	2,478			2,415
Is the Data Provisional or Final?					Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	20	21	23	25	30
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0	0			NaN
Numerator					0
Denominator					0
Is the Data Provisional or Final?					Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	0				
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	15	15	14.5	14.5	14
Annual Indicator	14.0	9.7			13.3
Numerator	34	24			32
Denominator	2,423	2,478			2,415
Is the Data Provisional or Final?					Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	14	14.5	14.5	15	15
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	7	7	6.5	6.5	6
Annual Indicator	3.7	12.1			4.6
Numerator	9	30			11
Denominator	2,423	2,478			2,415
Is the Data Provisional or Final?					Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	6	6	7	7	8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	40	40	38	38	38
Annual Indicator	42.5	29.6			40.2
Numerator	106	75			100
Denominator	2,496	2,537			2,490
Is the Data Provisional or Final?					Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	45	45	50	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	30	30	75	70	70
Annual Indicator	55.9	77.1			58.9
Numerator	24	31			24
Denominator	42,930	40,214			40,752
Is the Data Provisional or Final?					Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	60	60	65	65	70
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

None

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: FM

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

2

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

2

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 13

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: FM FY: 2006

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To increase the percentage of women receiving adequate prenatal care.
2. To improve the nutritional status of women during their pregnancy.
3. To decrease infant mortality rate.
4. To increase the percentage of infants exclusively breastfeeding at 6 months of age.
5. To decrease dental disease among children.
6. To improve the nutritional status of children.
7. To decrease the percentages of acute infectious illnesses among children.
8. To increase the percentage of children with special needs served by a team.
- 9.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: FM

APPLICATION YEAR: 2006

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>6</u>	Requesting a consultant to assist the National MCH Program to develop a comprehensive preventive dental and oral hygiene program for women, infants and children in the FSM.	The National MCH Program dispossess the level of expertise in this area nor do we expect to find at the state level.	Requesting HRSA to assist in identifying the consultant.
2.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>4</u>	Requesting a consultant to assist the National MCH Program to develop a comprehensive Nutrition Education program for women, infants and children in the FSM.	The National MCH Program dispossess the level of expertise in this area nor do we expect to find at the state level.	UNICEF
3.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>1</u>	Requesting a consultant to assist the National MCH Program to develop systems for providing follow-ups of screening Education where positive results have been found.	The National MCH Program dispossess the level of expertise in this area nor do we expect to find at the state level.	Requesting HRSA to assist in identifying the consultant.
4.	Data-related Issues - Data Systems Development If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	National MCH Staff continue to have difficulty in completing required forms	The Program is Unique and only TVIS Staffs know the specifics.	Christopher Dykton
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: FM

SP # 1

PERFORMANCE MEASURE:

The percent of women receiving services in the MCH Programs who receive a Pap smear.

STATUS:

Active

GOAL

To assure that women receiving services through the MCH Program receive an annual Pap smear, appropriate referrals for treatment, and follow up after referral

DEFINITION

Numerator:

Number of women receiving MCH program services who receive a Pap smear

Denominator:

Number of women receiving MCH program services

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Pap smear log book Family Planning log book Prenatal care log book Post Partum log book

SIGNIFICANCE

The Pap Smear Screening Program for women in MCH programs (family planning clinics, prenatal care clinics, and post partum clinics) has been implemented to identify women at risk for cervical cancer and to assure early treatment. The early identification of women with positive Pap smears, referral for treatment and follow up services are important to decrease the incidence of the highest cause of cancer morbidity and mortality of women in the child bearing ages.

SP # 2

PERFORMANCE MEASURE:

Percent of pregnant women who have been screened for Hepatitis B surface antigen.

STATUS:

Active

GOAL

To assure that all pregnant women receive Hepatitis B screening to identify those pregnant women who are HbAgS positive in order to assure their infants receive HbIG when appropriate and immunizations.

DEFINITION

Numerator:

Number of pregnant women screened for Hepatitis B surface antigen

Denominator:

Number of pregnant women

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Prenatal care log book

SIGNIFICANCE

Hepatitis B viral (HBV) infection is a major cause of acute and chronic hepatitis, cirrhosis, and primary hepatocellular carcinoma. The likelihood of becoming chronically infected with HBV varies inversely with the age at which infection occurs./ HBV transmitted from HbAgS positive mothers to their newborns results in HBV carriage from up to 90% of infants. Between 25% and 50% of children infected before 5 years of age become carriers, whereas only 8% - 10% of acutely infected adults become carriers. Therefore prevention strategies for populations in which HBV infection is endemic are directed at vaccinating infants with hepatitis B vaccine, usually beginning at birth, to prevent both perinatal and childhood transmission of infection.

SP # 3

PERFORMANCE MEASURE:

Percent of infants who are exclusively breast fed at 6 months of age.

STATUS:

Active

GOAL

To assure that all infants are exclusively breast fed during the first six months of life

DEFINITION

Numerator:

Number of infants who were exclusively breast fed through 6 months of age

Denominator:

Number of 6 month old infants in well baby clinics

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

MCH Well Baby Clinic data base

SIGNIFICANCE

All infants in the Federated States of Micronesia are discharged from the hospital with mothers exclusively breast feeding. The prevalence rate of infants between discharge and 6 months who continue to breast-feed has not been documented. However, for 1996, the MCH Public Health Nurses reported that after 4 months of age, only 60% of infants in the FSM are exclusively breast fed. Several studies have documented that the importance of breast feeding is not only assuring the most nutritious food for infants, but also confers some immunity against common infectious illnesses of the newborn. With improving the rates of infants who are exclusively breast fed, it is anticipated that the growth rates of infants will improve, and the incidence and severity of common infectious illnesses among infants will be decreased.

SP # 4

PERFORMANCE MEASURE:

Percent of pregnant women who receive at least one nutrition education and counseling session (defined as covering the following topics: diet recall, importance of three meals, balanced diets, exercise) as early as possible during their pregnancy.

STATUS:

Active

GOAL

To assure that all pregnant women receive nutrition education and counseling during their pregnancy.

DEFINITION

Numerator:

Number of women who receive one nutrition education and counseling session.

Denominator:

Number of pregnant women who attend prenatal care clinic

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Prenatal Clinic log book

SIGNIFICANCE

The infant mortality rates of the FSM is estimated to be 26 per 1,000 live births. An informal study in all four states during 1995 and 1996 showed that the causes of these infant deaths were due primarily to prematurity with low birth weights, malnutrition, meconium aspiration, and severe infections. Many of these conditions may be secondary to inadequate diets of the mothers during the pregnancy. Therefore, in order to improve birth outcomes among pregnant women in the Federated States of Micronesia, nutrition education in conjunction with increasing the number of women initiating prenatal care in the first trimesters will be priority activities for the prenatal care programs.

SP # 5

PERFORMANCE MEASURE:

Percent of caretakers of infants who receive education and counseling related to feeding and nutrition of infants.

STATUS:

Active

GOAL

To assure that caretakers of infants receive appropriate nutrition and feeding education and counseling.

DEFINITION

Education and counseling is defined as: one session at 0-6 months of age, one session at 7-9 months of age, and one session at 10-12 months of age.

Numerator:

Number of caretakers who receive all three education and counseling sessions

Denominator:

Number of caretakers who attend well baby clinic with an infant up to one year of age.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Well Baby Clinic log book

SIGNIFICANCE

Nutritional problems are still prevalent among many infants and children in the Federated States of Micronesia. Children continue to be admitted to the hospital with dehydration and malnutrition; children continue to be identified with the complications of Vitamin A deficiency; and children continue to fail to thrive. In order to make an impact on these preventable nutritional problems, nutrition education will be a major component of the well baby care services

SP # 8

PERFORMANCE MEASURE:

Percent pregnant women attending prenatal care who are screened for low hemoglobin.

STATUS:

Active

GOAL

To identify and treat pregnant women who are at nutritional risk early in the pregnancy.

DEFINITION

Numerator:

Number of pregnant womrn who receive a screening for low hemoglobin at their first prenatal care visit.

Denominator:

Number of women who attend the first prenatal care visit.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Prenatal logbook

SIGNIFICANCE

Anemia during pregnancy is an indicator of a state of nutritional risk both for the pregnant woman and for the fetus. The long term consequences of low hemoglobin and anemia in a pregnant women is reflected in the development of iron deficiency states and possible iron deficiency anemia in the infant early in life. This nutritional risk state may have an impact on the growth and development of the infant.

SP # 9

PERFORMANCE MEASURE:

Percent infants who received at least six bottles (1 bottle/30 days) of fluoride in the first year of life

STATUS:

Active

GOAL

To assure that infants start fluoride supplementation in the first year of life as a preventive measure.

DEFINITION

Numerator:

Number of one year old infants who attended the well baby clinic and received a minimum of six bottles of fluoride supplements.

Denominator:

Number of one year old infants who attend the well baby clinic.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Well Baby Clinic data base.

SIGNIFICANCE

The early initiation of fluoride supplements is an important measure towards the prevention of dental disease in children. Fluoride supplementation is only one of a multi-pronged strategy of a comprehensive oral health program which should also include a multi-media campaign to increase the awareness of the community to the problems of dental disease among young children, an educational campaign to present the facts, a Headstart and school based oral hygiene program that focuses on educating the children and promoting dental health through brushing demonstrations, and finally a fluoride supplement program.

SP # 10

PERFORMANCE MEASURE:

Percent of children with special needs who have a completed reevaluation by the CSN team within the last 12 months.

STATUS:

Active

GOAL

To assure that children with special needs have an updated evaluation that documents progress from treatment and identifies new special needs.

DEFINITION

Numerator:

Number of children with special needs who have an evaluation within 12 months of the last evaluation.

Denominator:

Number of children with special needs identified in the Children with Special Needs Program data base.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Children with Special Needs Program data base

SIGNIFICANCE

Because the health status and the special needs of children with handicapping conditions are constantly changing, there is a need for a periodic re-evaluation to document to progress and gains that the child has achieved because of the treatment and rehabilitation activities and to document further special needs.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: FM

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	23.0	16.9	18.0	53.0	95.9
Numerator	29	25	29	91	138
Denominator	12,634	14,783	16,154	17,154	14,391
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	1	1	1	1	1
Denominator	1	1	1	1	1
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	1	1	1	1	1
Denominator	1	1	1	1	1
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	50.6	48.9	53.2	54.4	39.2
Numerator	475	457	575	912	629
Denominator	938	935	1,080	1,678	1,603
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 07

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	<u>Annual Indicator Data</u>				
	2000	2001	2002	2003	2004
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Denominator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<u>Annual Indicator Data</u>				
	2000	2001	2002	2003	2004
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u> </u>
Numerator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u> </u>
Denominator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u> </u>
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2002
Field Note:
This is not applicable
2. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2003
Field Note:
Again, Medicaid is not available to the FSM. This is a dummy data and should be ignored.
3. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2004
Field Note:
FSM is not applicable.
4. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2002
Field Note:
Though FSM does not have the SCHIP, about 2.8% of the total children population (1-15 years of age) are covered by the only health insurance program available, the FSM National Government Employees Health Insurance Program (NGEIP).
5. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2003
Field Note:
Again, SCHIP is not available to the FSM. This is a dummy data and should be ignored.
6. **Section Number:** Health Systems Capacity Indicator #07
Field Name: HSC07
Row Name:
Column Name:
Year: 2002
Field Note:
This is not applicable
7. **Section Number:** Health Systems Capacity Indicator #07
Field Name: HSC07
Row Name:
Column Name:
Year: 2003
Field Note:
Again, none of the standard EPSDT tests is available in the FSM. Therefore, these data are only dummy and should be ignored or removed completely.
8. **Section Number:** Health Systems Capacity Indicator #07
Field Name: HSC07
Row Name:
Column Name:
Year: 2004
Field Note:
Not applicable to FSM.
9. **Section Number:** Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2002
Field Note:
FSM is not participating in the US SSI Program.
10. **Section Number:** Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2003
Field Note:
The Federal U.S. SSI Program is not available in the FSM. This data is only used as dummy and should be removed or ignored completely.
11. **Section Number:** Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2004
Field Note:
Not applicable to FSM.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: FM

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2004	Other	_____	_____ 5.1	_____ 5.1
b) Infant deaths per 1,000 live births	2004	Other	_____	_____ 17.4	_____ 17.4
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2004	Other	_____	_____ 20.1	_____ 20.1
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2004	Other	_____	_____ 39.2	_____ 39.2

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
STATE: FM

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2004	_____
b) Medicaid Children (Age range _____ to _____) (Age range _____ to _____) (Age range _____ to _____)		_____ _____ _____
c) Pregnant Women	2004	_____

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)
STATE: FM

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2004	_____
b) Medicaid Children (Age range _____ to _____) (Age range _____ to _____) (Age range _____ to _____)		_____ _____ _____
c) Pregnant Women	2004	_____

FORM NOTES FOR FORM 18

Not applicable to FSM.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2006
Field Note:
Not applicable to FSM.
2. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2006
Field Note:
Not applicable.
3. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2006
Field Note:
Not applicable.
4. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2006
Field Note:
Not applicable to FSM.
5. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2006
Field Note:
Not applicable to FSM.
6. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2006
Field Note:
Not applicable.
7. **Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2006
Field Note:
Although FSM is not eligible for Medicaid and Medicare, we are providing these data based on our public health clinic and hospital records.
8. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2006
Field Note:
Although FSM is not eligible for Medicaid and Medicare, we are providing these data based on our public health clinic and hospital records.
9. **Section Number:** Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2006
Field Note:
Although FSM is not eligible for Medicaid and Medicare, we are providing these data based on our public health clinic and hospital records.
10. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2006
Field Note:
Although FSM is not eligible for Medicaid and Medicare, we are providing these data based on our public health clinic and hospital records.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: FM

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	1	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	1	No

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: FM

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	1	No
Other:		

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)		No
Pediatric Nutrition Surveillance System (PedNSS)	1	No
WIC Program Data	1	No
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A
Field Name: BAD
Row Name: Annual linkage of infant birth and infant death certificates
Column Name:
Year: 2006
Field Note:
FSM does not have any linked database.
2. **Section Number:** Indicator 09A
Field Name: RecentMother
Row Name: Survey of recent mothers at least every two years (like PRAMS)
Column Name:
Year: 2006
Field Note:
Not applicable to FSM.
3. **Section Number:** Indicator 09B
Field Name: YRBSS_09B
Row Name: Youth Risk Behavior Survey (YRBS)
Column Name:
Year: 2006
Field Note:
The YRBS has not been carried out in the FSM.
4. **Section Number:** Indicator 09C
Field Name: PEDNSS_09C
Row Name: Pediatric Nutrition Surveillance System (PedNSS)
Column Name:
Year: 2006
Field Note:
FSM is not eligible.
5. **Section Number:** Indicator 09C
Field Name: WIC_09C
Row Name: WIC Program Data
Column Name:
Year: 2006
Field Note:
FSM is not eligible.
6. **Section Number:** Indicator 09A
Field Name: BAM
Row Name: Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files
Column Name:
Year: 2006
Field Note:
FSM does not have any linked database.

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: FM

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	7.3	11.4			5.1
Numerator	178	283			122
Denominator	2,423	2,476			2,415
Is the Data Provisional or Final?					Provisional

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	6.8	11.4			4.8
Numerator	163	274			115
Denominator	2,383	2,410			2,374
Is the Data Provisional or Final?					Provisional

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	0.4	0.5			0.3
Numerator	9	12			8
Denominator	2,423	2,476			2,415
Is the Data Provisional or Final?					Provisional

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	0.3	0.2			0.4
Numerator	8	4			10
Denominator	2,383	2,410			2,374
Is the Data Provisional or Final?					Provisional

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	13.0	6.9			12.5
Numerator	6	3			3
Denominator	46,089	43,172			24,096
Is the Data Provisional or Final?					Provisional

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	4.3	2.3			12.5
Numerator	2	1			3
Denominator	46,089	43,172			24,096
Is the Data Provisional or Final?					Provisional

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	4.0	4.4			16.5
Numerator	1	1			4
Denominator	24,799	22,761			24,229
Is the Data Provisional or Final?					Provisional

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	314.6	477.2			527.1
Numerator	145	206			127
Denominator	46,089	43,172			24,096
Is the Data Provisional or Final?					Provisional

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	36.9	37.1			58.1
Numerator	17	16			14
Denominator	46,089	43,172			24,096
Is the Data Provisional or Final?					Provisional

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	80.6	96.7			82.5
Numerator	20	22			20
Denominator	24,799	22,761			24,229
Is the Data Provisional or Final?					Provisional

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	19.7	0.9			2.1
Numerator	13	6			13
Denominator	660	6,483			6,338
Is the Data Provisional or Final?					Provisional

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	6.6	0.5			1.4
Numerator	15	8			27
Denominator	2,270	17,689			19,585
Is the Data Provisional or Final?					Provisional

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

None

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: FM

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	7,579					7,579		
Children 1 through 4	15,854					15,854		
Children 5 through 9	15,330					15,330		
Children 10 through 14	14,749					14,749		
Children 15 through 19	12,251					12,251		
Children 20 through 24	8,828					8,828		
Children 0 through 24	74,591	0	0	0	0	74,591	0	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: FM

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	1					1		
Women 15 through 17	5					5		
Women 18 through 19	10					10		
Women 20 through 34	9					9		
Women 35 or older	6					6		
Women of all ages	31	0	0	0	0	31	0	0

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	1		
Women 15 through 17	5		
Women 18 through 19	10		
Women 20 through 34	9		
Women 35 or older	6		
Women of all ages	31	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: FM

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	42					42		
Children 1 through 4	5					5		
Children 5 through 9	0					0		
Children 10 through 14	2					2		
Children 15 through 19	1					1		
Children 20 through 24	2					2		
Children 0 through 24	52	0	0	0	0	52	0	0

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: FM

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	55,469				69.0	55,400.0			2004
Percent in household headed by single parent	1.0					1.0			2004
Percent in TANF (Grant) families	0								2004
Number enrolled in Medicaid	0								2004
Number enrolled in SCHIP	0								2004
Number living in foster home care	0								2004
Number enrolled in food stamp program	0								2004
Number enrolled in WIC	0								2004
Rate (per 100,000) of juvenile crime arrests	0								2004
Percentage of high school drop-outs (grade 9 through 12)	7.0					7.0			2004

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19				2004
Percent in household headed by single parent				2004
Percent in TANF (Grant) families				2004
Number enrolled in Medicaid				2004
Number enrolled in SCHIP				2004
Number living in foster home care				2004
Number enrolled in food stamp program				2004
Number enrolled in WIC				2004
Rate (per 100,000) of juvenile crime arrests				2004
Percentage of high school drop-outs (grade 9 through 12)				2004

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: FM

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	50
Living in urban areas	25
Living in rural areas	25
Living in frontier areas	25
Total - all children 0 through 19	75

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: FM

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	112,700.0
Percent Below: 50% of poverty	25.0
100% of poverty	25.0
200% of poverty	25.0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: FM

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	55,469.0
Percent Below: 50% of poverty	25.0
100% of poverty	25.0
200% of poverty	25.0

FORM NOTES FOR FORM 21

Caution should be used here at this is only an estimate taking poverty in the context of the FSM. It is presumed that if "poverty" is used here in the context of the US, the number should be much higher.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2006
Field Note:
No Hispanic or Latino during this period.
2. **Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2006
Field Note:
No Hispanic or Latino during this period.
3. **Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2006
Field Note:
No Hispanic or Latino during this period.
4. **Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2006
Field Note:
No Hispanic or Latino during this period.
5. **Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2006
Field Note:
No Hispanic or Latino during this period.
6. **Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2006
Field Note:
No Hispanic or Latino during this period.
7. **Section Number:** Indicator 07A
Field Name: Race_Women15
Row Name: Women < 15
Column Name:
Year: 2006
Field Note:
The data presented is from the State of Chuuk alone. Pohnpei, Kosrae and Yap did not provide data on this indicator.
8. **Section Number:** Indicator 07A
Field Name: Race_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2006
Field Note:
The data presented is from the State of Chuuk alone. Pohnpei, Kosrae and Yap did not provide data on this indicator.
9. **Section Number:** Indicator 07A
Field Name: Race_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2006
Field Note:
The data presented is from the State of Chuuk alone. Pohnpei, Kosrae and Yap did not provide data on this indicator.
10. **Section Number:** Indicator 07A
Field Name: Race_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2006
Field Note:
The data presented is from the State of Chuuk alone. Pohnpei, Kosrae and Yap did not provide data on this indicator.
11. **Section Number:** Indicator 07A
Field Name: Race_Women35
Row Name: Women 35 or older
Column Name:
Year: 2006
Field Note:
The data presented is from the State of Chuuk alone. Pohnpei, Kosrae and Yap did not provide data on this indicator.
12. **Section Number:** Indicator 07B
Field Name: Ethnicity_Women15

Row Name: Women < 15

Column Name:

Year: 2006

Field Note:

The data presented is from the State of Chuuk alone. Pohnpei, Kosrae and Yap did not provide data on this indicator.

13. Section Number: Indicator 07B

Field Name: Ethnicity_Women15to17

Row Name: Women 15 through 17

Column Name:

Year: 2006

Field Note:

The data presented is from the State of Chuuk alone. Pohnpei, Kosrae and Yap did not provide data on this indicator.

14. Section Number: Indicator 07B

Field Name: Ethnicity_Women18to19

Row Name: Women 18 through 19

Column Name:

Year: 2006

Field Note:

The data presented is from the State of Chuuk alone. Pohnpei, Kosrae and Yap did not provide data on this indicator.

15. Section Number: Indicator 07B

Field Name: Ethnicity_Women20to34

Row Name: Women 20 through 34

Column Name:

Year: 2006

Field Note:

The data presented is from the State of Chuuk alone. Pohnpei, Kosrae and Yap did not provide data on this indicator.

16. Section Number: Indicator 07B

Field Name: Ethnicity_Women35

Row Name: Women 35 or older

Column Name:

Year: 2006

Field Note:

The data presented is from the State of Chuuk alone. Pohnpei, Kosrae and Yap did not provide data on this indicator.

17. Section Number: Indicator 08B

Field Name: S08_Ethnicity_Infants

Row Name: Infants 0 to 1

Column Name:

Year: 2006

Field Note:

Not applicable to FSM.

18. Section Number: Indicator 12

Field Name: S12_Children

Row Name: Children 0 through 19 years old

Column Name:

Year: 2006

Field Note:

Based on 2004 Census Projection

19. Section Number: Indicator 12

Field Name: S12_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2006

Field Note:

Caution should be used here at this is only an estimate taking poverty in the context of the FSM. It is presumed that if "poverty" is used here in the context of the US, the number should be much higher.

20. Section Number: Indicator 12

Field Name: S12_100percent

Row Name: 100% of poverty

Column Name:

Year: 2006

Field Note:

Caution should be used here at this is only an estimate taking poverty in the context of the FSM. It is presumed that if "poverty" is used here in the context of the US, the number should be much higher.

21. Section Number: Indicator 12

Field Name: S12_200percent

Row Name: 200% of poverty

Column Name:

Year: 2006

Field Note:

Caution should be used here at this is only an estimate taking poverty in the context of the FSM. It is presumed that if "poverty" is used here in the context of the US, the number should be much higher.

NEW STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: FM

SP # 1

PERFORMANCE MEASURE:

The percent of women receiving services in the MCH Programs who receive a Pap smear.

GOAL

To assure that women receiving services through the MCH Program receive an annual Pap smear, appropriate referrals for treatment, and follow up after referral

DEFINITION

Numerator:

Number of women receiving MCH program services who receive a Pap smear

Denominator:

Number of women receiving MCH program services

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Pap smear log book Family Planning log book Prenatal care log book Post Partum log book

SIGNIFICANCE

The Pap Smear Screening Program for women in MCH programs (family planning clinics, prenatal care clinics, and post partum clinics) has been implemented to identify women at risk for cervical cancer and to assure early treatment. The early identification of women with positive Pap smears, referral for treatment and follow up services are important to decrease the incidence of the highest cause of cancer morbidity and mortality of women in the child bearing ages.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 2

PERFORMANCE MEASURE:

Percent of pregnant women who have been screened for Hepatitis B surface antigen.

GOAL

To assure that all pregnant women receive Hepatitis B screening to identify those pregnant women who are HbAgS positive in order to assure their infants receive HbIG when appropriate and immunizations.

DEFINITION

Numerator:

Number of pregnant women screened for Hepatitis B surface antigen

Denominator:

Number of pregnant women

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Prenatal care log book

SIGNIFICANCE

Hepatitis B viral (HBV) infection is a major cause of acute and chronic hepatitis, cirrhosis, and primary hepatocellular carcinoma. The likelihood of becoming chronically infected with HBV varies inversely with the age at which infection occurs./ HBV transmitted from HbAgS positive mothers to their newborns results in HBV carriage from up to 90% of infants. Between 25% and 50% of children infected before 5 years of age become carriers, whereas only 8% - 10% of acutely infected adults become carriers. Therefore prevention strategies for populations in which HBV infection is endemic are directed at vaccinating infants with hepatitis B vaccine, usually beginning at birth, to prevent both perinatal and childhood transmission of infection.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 3

PERFORMANCE MEASURE:

Percent of infants who are exclusively breast fed at 6 months of age.

GOAL

To assure that all infants are exclusively breast fed during the first six months of life

DEFINITION

Numerator:

Number of infants who were exclusively breast fed through 6 months of age

Denominator:

Number of 6 month old infants in well baby clinics

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

MCH Well Baby Clinic data base

SIGNIFICANCE

All infants in the Federated States of Micronesia are discharged from the hospital with mothers exclusively breast feeding. The prevalence rate of infants between discharge and 6 months who continue to breast-feed has not been documented. However, for 1996, the MCH Public Health Nurses reported that after 4 months of age, only 60% of infants in the FSM are exclusively breast fed. Several studies have documented that the importance of breast feeding is not only assuring the most nutritious food for infants, but also confers some immunity against common infectious illnesses of the newborn. With improving the rates of infants who are exclusively breast fed, it is anticipated that the growth rates of infants will improve, and the incidence and severity of common infectious illnesses among infants will be decreased.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 4

PERFORMANCE MEASURE:

Percent of pregnant women who receive at least one nutrition education and counseling session (defined as covering the following topics: diet recall, importance of three meals, balanced diets, exercise) as early as possible during their pregnancy.

GOAL

To assure that all pregnant women receive nutrition education and counseling during their pregnancy.

DEFINITION

Numerator:

Number of women who receive one nutrition education and counseling session.

Denominator:

Number of pregnant women who attend prenatal care clinic

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Prenatal Clinic log book

SIGNIFICANCE

The infant mortality rates of the FSM is estimated to be 26 per 1,000 live births. An informal study in all four states during 1995 and 1996 showed that the causes of these infant deaths were due primarily to prematurity with low birth weights, malnutrition, meconium aspiration, and severe infections. Many of these conditions may be secondary to inadequate diets of the mothers during the pregnancy. Therefore, in order to improve birth outcomes among pregnant women in the Federated States of Micronesia, nutrition education in conjunction with increasing the number of women initiating prenatal care in the first trimesters will be priority activities for the prenatal care programs.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 5

PERFORMANCE MEASURE:

Percent of caretakers of infants who receive education and counseling related to feeding and nutrition of infants.

GOAL

To assure that caretakers of infants receive appropriate nutrition and feeding education and counseling.

DEFINITION

Education and counseling is defined as: one session at 0-6 months of age, one session at 7-9 months of age, and one session at 10-12 months of age.

Numerator:

Number of caretakers who receive all three education and counseling sessions

Denominator:

Number of caretakers who attend well baby clinic with an infant up to one year of age.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Well Baby Clinic log book

SIGNIFICANCE

Nutritional problems are still prevalent among many infants and children in the Federated States of Micronesia. Children continue to be admitted to the hospital with dehydration and malnutrition; children continue to be identified with the complications of Vitamin A deficiency; and children continue to fail to thrive. In order to make an impact on these preventable nutritional problems, nutrition education will be a major component of the well baby care services

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 6

PERFORMANCE MEASURE:

Percent of children enrolled in Early Childhood Education Program (Head Start) surveyed to determine the rate of decayed, missing or filled teeth.

GOAL

To improve the overall dental health status of children in the Federated States of Micronesia.

DEFINITION

a) A survey of children in ECE Program was completed (YES/NO) b) A Preventive Dental Health Program was designed and developed (YES/NO) c) A preventive Dental Health Program was implemented (YES/NO)

Numerator:

N/A

Denominator:

N/A

Units: Yes **Text:** Text

HEALTHY PEOPLE 2010 OBJECTIVE

Untreated Dental caries

DATA SOURCES AND DATA ISSUES

Results of dental survey among ECE children. Data from Dental Division from all four states.

SIGNIFICANCE

The prevalence of diseased, missing and filled (DMF) teeth of children in the Federated States of Micronesia has not been recently determined. The last studies which determined the DMF teeth of children in the FSM were conducted in Chuuk in 1997 by Dr. T.H. Aye and in Kosrae in 1999 by Dr. M. Takagaki. However, it has been agreed by the majority of health care providers that serve children that the overall dental health status of this population is poor. Dental health is important because of the close association between dental health and nutrition status. A Preventive dental health program, using different strategies and combined educational services, will be developed in collaboration with the staff of the Dental Division and the ECE Program.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 7

PERFORMANCE MEASURE:

Percent of children with identified developmental problems who are admitted to the CSHCN Program.

GOAL

To assure the early identification and referral of children with special health care needs.

DEFINITION

Numerator:

Number of children in the CSHCN Program identified with a developmental disability.

Denominator:

Number of children in the CSHCN Program

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Clinician assessment of the child development

Increase to at least 80% the proportion of providers for primary care for children who routinely refer or screen infants and children for impairments of vision, hearing, speech, and language, and assess other developmental milestones as part of well child care.

DATA SOURCES AND DATA ISSUES

CSN Registry and data system

SIGNIFICANCE

The early identification and referral of children suspected of having a handicapping condition to the CSN program is important to assure that identification of service needs for the child and family - with early intervention services, the chances of improving the ultimate health status and outcomes for the child increases. Therefore, focusing on the identification and referral of children in the 0-3 year old age group will improve the status of children with handicapping conditions.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 8

PERFORMANCE MEASURE:

Percent pregnant women attending prenatal care who are screened for low hemoglobin.

GOAL

To identify and treat pregnant women who are at nutritional risk early in the pregnancy.

DEFINITION

Numerator:

Number of pregnant womrn who receive a screening for low hemoglobin at their first prenatal care visit.

Denominator:

Number of women who attend the first prenatal care visit.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Prenatal logbook

SIGNIFICANCE

Anemia during pregnancy is an indicator of a state of nutritional risk both for the pregnant woman and for the fetus. The long term consequences of low hemoglobin and anemia in a pregnant women is reflected in the development of iron deficiency states and possible iron deficiency anemia in the infant early in life. This nutritional risk state may have an impact on the growth and development of the infant.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 9

PERFORMANCE MEASURE:

Percent infants who received at least six bottles (1 bottle/30 days) of fluoride in the first year of life

GOAL

To assure that infants start fluoride supplementation in the first year of life as a preventive measure.

DEFINITION

Numerator:

Number of one year old infants who attended the well baby clinic and received a minimum of six bottles of fluoride supplements.

Denominator:

Number of one year old infants who attend the well baby clinic.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Well Baby Clinic data base.

SIGNIFICANCE

The early initiation of fluoride supplements is an important measure towards the prevention of dental disease in children. Fluoride supplementation is only one of a multi-pronged strategy of a comprehensive oral health program which should also include a multi-media campaign to increase the awareness of the community to the problems of dental disease among young children, an educational campaign to present the facts, a Headstart and school based oral hygiene program that focuses on educating the children and promoting dental health through brushing demonstrations, and finally a fluoride supplement program.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 10

PERFORMANCE MEASURE:

Percent of children with special needs who have a completed reevaluation by the CSN team within the last 12 months.

GOAL

To assure that children with special needs have an updated evaluation that documents progress from treatment and identifies new special needs.

DEFINITION

Numerator:

Number of children with special needs who have an evaluation within 12 months of the last evaluation.

Denominator:

Number of children with special needs identified in the Children with Special Needs Program data base.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Children with Special Needs Program data base

SIGNIFICANCE

Because the health status and the special needs of children with handicapping conditions are constantly changing, there is a need for a periodic re-evaluation to document to progress and gains that the child has achieved because of the treatment and rehabilitation activities and to document further special needs.

OBJECTIVE

2006	2007	2008	2009	2010
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